



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation
INSURANCE DIVISION
233 Richmond Street, Suite 233
Providence, RI 02903 – 4233
Telephone No. (401) 222-2223
www.dbr.state.ri.us

FAX No. (401) 222-5475
TDD No. (401) 222-2999

AFFIDAVIT THREE (3) - TO BE SIGNED BY APPLICANT WHO DOES NOT HAVE AN AUTOMOBILE BODY REPAIR SHOP LICENSE AND DOES NOT WORK AT AN AUTOMOBILE BODY REPAIR SHOP

I, _____, having been duly sworn, hereby state the following facts:

1. I am seeking to be licensed as a motor vehicle damage appraiser pursuant to R.I. Gen. Laws § 27-10.1-1 et seq.

2. I agree to operate my motor vehicle damage appraising business separate and apart from any body repair shop, motor vehicle repair shop, or any new or used automobile dealership as required by R.I. Gen. Laws § 27-10.1-3.

3. I agree not to repair or gain any benefit from the repair of vehicles which have been appraised by me.

4. My motor vehicle damage appraising business will be located at _____.

5. My motor vehicle damage appraising business will be open to the general public during normal business hours and [complete and check as appropriate]:

a) My normal business hours will be _____.

b) The telephone number of the motor vehicle appraising business will be _____.

c) The telephone will be answered by -

___ 1) an answering machine and I will check my messages daily.

___ 2) a person.

6. I have read and understand and agree to comply with the provisions of R.I. Gen. Laws § 27-10.1-3.

Signature of licensee

Subscribed and sworn to me on this ___ day of _____, 20__ in the city of _____, State of Rhode Island.

Notary Public
My Commission expires _____